

PATENTCERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that the following has been:

☐ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450 on the date set forth below.
☒ facsimile transmitted to the Patent and Trademark Office (Fax No. 571-773-8300) on the date set forth below consisting of 2 pages.

By: Renee D. EastSigned: [Signature]Date of signature and deposit/transmission: December 4, 2007**RECEIVED
CENTRAL FAX CENTER****DEC 04 2007****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Bryan Youngpeter, et al) Group Art Unit: 3746
Serial No.: 10/631,129) Confirmation No.:
Filed: July 31, 2003) Examiner: Freay, Charles Grant
For: Power Steering Pump Having Electronic) Atty. Docket: 81131517
ByPass Control)

Mail Stop APPEAL Brief - Patents
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FEE TRANSMITTAL

Honorable Sir:

Responsive to the Office communication dated November 27, 2007,
attached please find a Fee Transmittal form (PTO/SB/17) in the amount of \$130
relating to the Terminal Disclaimer Fee in this matter.

Respectfully submitted,

Mark L. Mollon

Mark L. Mollon
Attorney for Applicant(s)
Reg. No. 31,123

MacMillan, Sobanski & Todd, LLC
One Maritime Plaza, Fifth Floor
720 Water Street
Toledo, Ohio 43604
(734) 542-0900
(734) 542-9569 (fax)

12/05/2007 PCHOMP 00000001 503708 10631129
01 FC:1814 130.00 DA

DEC 04 2007

PTO/BB/17 (12-04)

Approved for use through 07/31/2008. OMB 0851-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL		Complete if known	
For FY 2007		Application Number	10/831,129
<small>Effective 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small>		Filing Date	July 31, 2003
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Bryan Youngpeter et al
		Examiner Name	Freay, Charles Grant
		Art Unit	3748
TOTAL AMOUNT OF PAYMENT	(\$ 130)	Attorney Docket No.	81131517(19278)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account: Deposit Acct. Number: 50-3708 Deposit Acct. Name: Automotive Components Holdings, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except the filing fee to the above-identified deposit

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
--------------	--------------	----------	---------------	--

- 20 or HP =	x	=		
--------------	---	---	--	--

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
---------------	--------------	----------	---------------	--

- 3 or HP =	x	=		
-------------	---	---	--	--

HP = highest number of total claims paid for, if greater than 3

Multiple Dependent Claims	
Fee(\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
--------------	--------------	--	----------	---------------

- 100 =	/ 50 =	(round up to a whole number)	x	=
---------	--------	------------------------------	---	---

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 1814 - \$130.00

SUBMITTED BY		<small>(Complete if applicable)</small>	
Name (Print/Type)	Mark L. Mollon	Registration No. (Attorney/Agent)	31,123
Signature		Telephone (734) 542-0900	
		Date	December 4, 2007

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select Option 2.